

# Clay County

## COMMUNITY DIAGNOSIS DOCUMENT

### A GUIDE TO HEALTHY COMMUNITIES

1998-1999

**Compiled by**

Upper Cumberland Regional Health Office

**Community Development**

**200 West 10<sup>th</sup> Street**

**Cookeville, TN 38501**

Phone: (615) 281-7500 Email: [mparsons@cmhda.tn.us](mailto:mparsons@cmhda.tn.us)

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*Table of Contents*

*Introduction*.....3

.....4



- Provide justification for budget improvement requests submitted to the state Legislature;
  - Provide to state-level programs and their regional office personnel information that fostersb
- Serve health planning and advocacy needs at the community level. Here, the community leaders and local health departments provide the leadership to ensure that documented community health problems are addressed.

to address the needs of the community. The Tennessee Department of Health is committed to assisting communities throughout our state in finding the answers to these questions via the Community Diagnosis process.

The Future of Public Health  
Institute of Medicine, 1988

***Assurance:*** Assurance means that high quality services, including personal health services, which are needdddddfor the protection to the community are available and accessible to all persons.

- **Assemble the initiating group**

# County Description

## Geographic

- Clay County is located on the Cumberland River. This
- Clay County borders the Kentucky line and is surrounded by Overton counties in Tennessee.
  - The average temperature in January is 35.9 degrees and the average for July is 78.9 degrees. The average annual precipitation is 53.69 inches. Clay County is located 10 miles from Cookeville and 20 miles from Burksville, Kentucky.

## Land Area

- Clay County is located 40 miles from Interstate-40 and is accessible to state highways 53. Clay County encompasses 233 square miles. The county's median family income is \$18,000.

## Economic Base

There are two nursing homes located in Clay County with a total of 75 licensed beds.

References: Tennessee Department of Health, Upper Cumberland Development District

- Clay County has one hospital that has 36 licensed beds.



## **Community Needs Assessment Primary Data Collection**

problems facing the community. Its purpose is to obtain subjective data from a cross section of the health and municipal problems affecting the community as well as the availability, adequacy, and use of services. A cross section of the community, i.e. young families, single parents, the elderly, farmers, business leaders, rural residents, etc. The community development staff distributed the Community

Influenza

20%School Dropout

20%Lung Cancer19%  
Poor Nutrition for Chi

- The majority of the people completing the survey were from Celina and 79% have lived in the county for more than ten years. The age range of community participants was between 30-49 years of age.
- The participant response noted that 80% had health insurance, 31% were TennCare recipients, and 2% receive either KSI or AFDC.
- Seventy-two percent of the respondents reported being employed and twenty-six percent indicated they were currently unemployed.

The Community Health Assessment survey was given to the Clay County Health Council Members to be distributed to the community. The council reviewed and discussed the findings of the survey results. The findings of the survey revealed that **unemployment, teen alcohol/drug abuse, adult drug abuse, adult alcohol abuse, high blood pressure, and smoking** are perceived as top community concerns. Many of the same issues are seen as top problems/concerns across the region based on survey analysis.

now attributed to modifiable behavioral risks. In addition to determining what types of health particular chronic disease. A modified version of the standard BRFs was developed specifically



Secondary Data

Summary of Data Use

Health Indicator Trends

County Compared to State

County and Border Counties 3-Year Moving Average

Playground and Bikes Deaths based on information from the

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COUNTY COMPARED TO STATE

Playground and Bikes Deaths as 3-Year Moving Average

The following information was based on information from the

Secondary Data

Summary of Data Use

Health Indicator Trends

COUNTY COMPARED TO STATE

Playground and Bikes Deaths as 3-Year Moving Average

The following County and Border Deaths are based on information from the

Secondary Data

Summary of Data Use

Health Indicator Trends

County Compared to State

Planned and Reported Deaths based on information from the

3-Year Moving Average

Secondary Data

Summary of Data Use

Health Indicator Trends

COUNTY COMPARED TO STATE

Playground and Bikes Deaths as 3-Year Moving Average

The following information was based on information from the

12. Infant deaths/1,000 births	Below	Below	
13. Neonatal deaths/1,000 births	Below	Below	

In analyzing the pregnancy and birth trends, the council focused on the following trends that showed an increasing indicator:

- Percent of births to unwed women
- Percent pregnancies to unwed women

Using information reported by physicians on death certificates, underlying assigning codes for underlying cause of death.

#### **HEALTH INDICATOR**



Based on the number of incidence (new cases) which o

**HEALTH INDICATOR**



Community Process Women's Health Indicator Trends that have changed significantly since 2000

**Health Indicator Trends(Secondary Data)**

	<b>Priority Issue</b>

<b>BRFS</b>	<b>Comm.Quest.</b>	





The results of the score and Rank Process were:

### TOP ISSUES

1. Teen Alcohol and Drug Abuse
2. Adult Drug Abuse
3. Unemployment
4. Cancer
- 5) Adult Drug Abuse
- 6) Cancer
- 7) Tobacco Use
- 8) Obesity
- 9) Teen Pregnancy
- 10) Arthritis

11) Health Problems of the Lungs At this point in the prioritization process, the

Acceptability, Resources, and Legality. The initial letters of these factors make up the acronym **PEARL**. The PEARL TEST is an additional way to gain a consensus of the council for the priority issues. The following is a brief description of the PEARL TEST.

- Economics:** Does it make economic sense to address the problem? Are there economic consequences if a problem is not addressed?
- Acceptability:** Will the community accept a program? Is it wanted?
- Resources:** Is funding available or potentially available for a program?
- Legality:** Do current laws allow program activities to be implemented?

- 1) Teen Alcohol and Drug Abuse
- 2) Adult Drug Abuse
- 3) Pregnant Alcohol Abuse

This council decided to focus on Alcohol and Drug Abuse issues as a whole. The council discussed peer pressure and family life as two factors contributing to problems associated with alcohol and drug

lthrough the Community Diagnosis process, it was determined that the top issue of the Council are to go through the action planning steps.

Taking Action Outline

The *Taking Action*  
There are 4 phases of the cyclay:A

T      Phase 3      T      —  
ONPhase 5      —

- •
  - 
  - Listing are the priority groups that could be applied to the priority health issue.
- Where  
When is it needed?  
Causes



### **Phase 3      Target Solutions and Ideas**

- Targeting a solution.
- Identifying potential solutions that offer the greatest benefit for the causes.
- Listing possible barriers.











Section 3: nice-ChairmanThe nice-Chairman will be selected by majority vote of the Council members present and assume duties by the Chairman.

#### Section 4 : Secretary/Treasurer

The Secretary/Treasurer will be selected by majority vote of the Council members present from nominees among its members. The Secretary/Treasurer will record the business conducted at meetings of the Council in the form of minutes, and will issue notice of all meetings and performsuch d arising from the Council activities. No less than annually, or upon request, the Secretary/Treasurer shall issue a financial report to the membership. The Secretary/Treasurershall perf

Section 5: term of OfficeOfficers shall be elected at the meeting in or following July of each year for a Officers may be re-elected to serve additional terms.

#### ARTICLE V.

Membership in the Council shall be voluntary and selected by the Board of Directors. The Board of Directors will be composed of the current elected officers of the Council. The Council shall consist of an adequate number of voting members as to be effectively representative of all segments of the community. Leaders in the areas of health care, finance, business, industry, civic organizations, social welfare organizations, advocacy groups, and government may beinvited to ser e socioeconomic backgrounds. Removal of a council member results ee (3) consecutive meetings or six (6) meetings in a calendar yearwhen the absence is due to lack of notification to officers.

S

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which the members may in a special meeting, as desired, upon five (5) days notice, to be held at a time and place specified by the Council membership.

A quorum shall consist of a majority of voting members present at the Council meeting. ARTICLE VII. COMM consist of both Council members and other concerned individuals who are not members of the Council.

#### ARTICLE VIII: APPROVAL AND AMENDMENTS

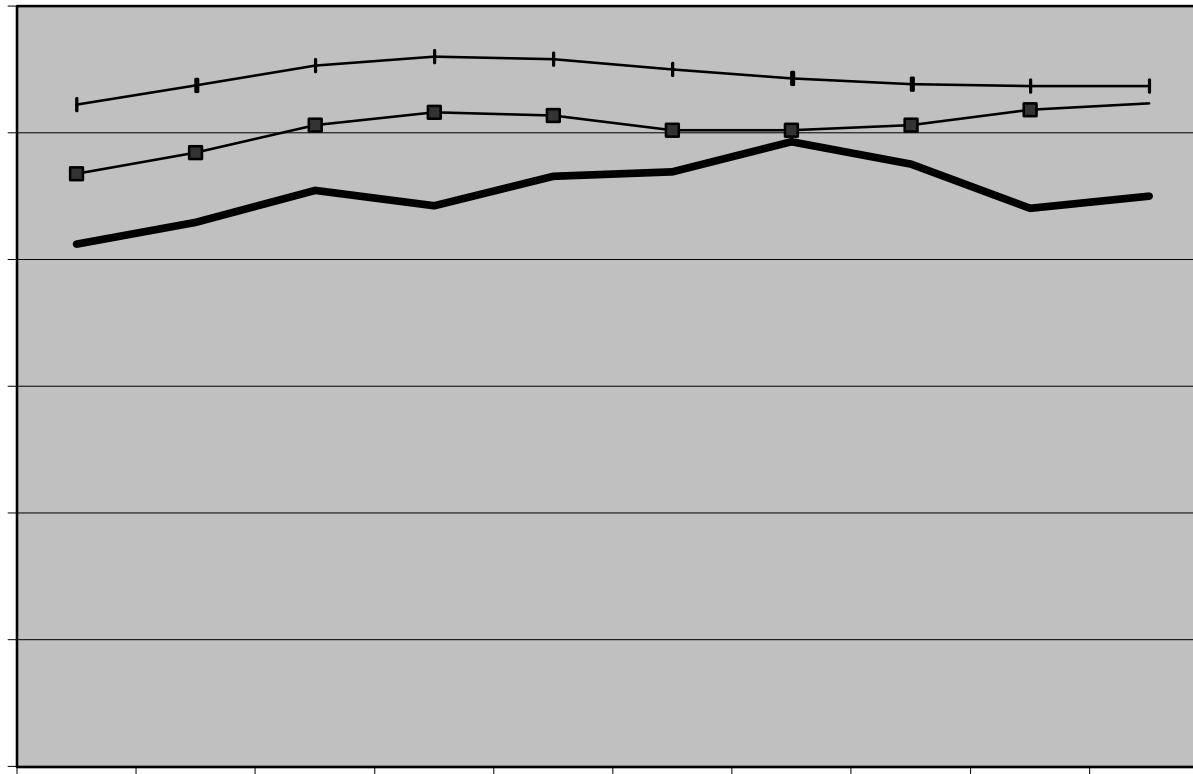
These Bylaws will be amended by a majority vote of the membership of the Council.  
s These Bylaws may be amended by a majority vote of the membership of the Council.  
n called for the purpose by a majority vote of the voting members present, provided that the





	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96	95-97	
STATE	26.4	27.7	29.0	30.5	31.7	32.8	33.2	33.4	33.3	33.5	
UPPER CUMBERLAND	15.7	16.4	16.9	18.2	19.6	20.9	21.7	21.8	22.9	23.5	
CLAY	18.8	18.2	21.5	19.7	19.3	20.2	24.1	27.3	27.4	26.0	

	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96	95-97	
STATE	52.2	53.7	55.3	56.0	55.8	55.0	54.3	53.9	53.7	53.7	
UPPER CUMBERLAND	46.8	48.4	50.6	51.6	51.4	50.2	50.2	50.6	51.8	52.3	
CLAY	41.2	42.9	45.5	44.3	46.6	46.9	49.3	47.5	44.0	45.0	

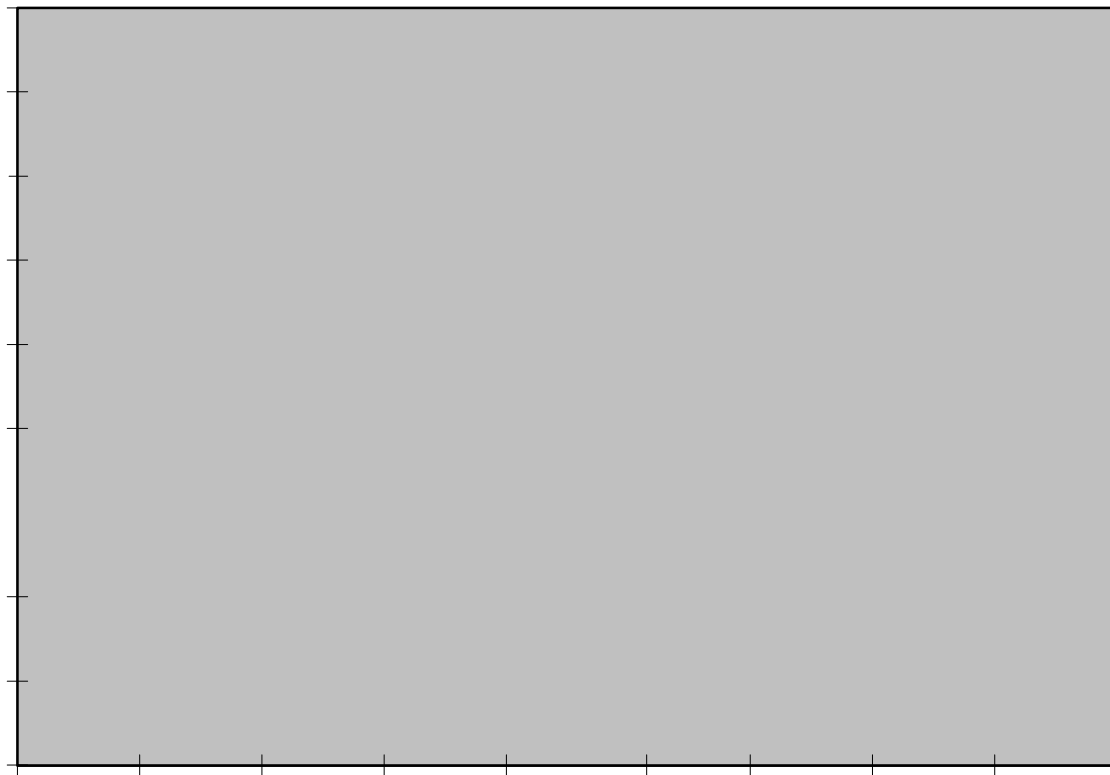


	85-87	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96
STATE	3.3	3.2		3.1	3.1	3.1			3	2.8
UPPER CUMBERLAND	1.2	1.2								2.7

	85-87	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96
STATE	59	60.6	60.9	60.6	60.1	58.7	56.8	54.3	53.6	52.7
UPhER CUMBERLAND	45.3	45.1	46.3	46.9	47	46.3	43.8	41.5	40.2	40.1
CLAY	51.3	46.2	45	45.8	38.2	36.8				

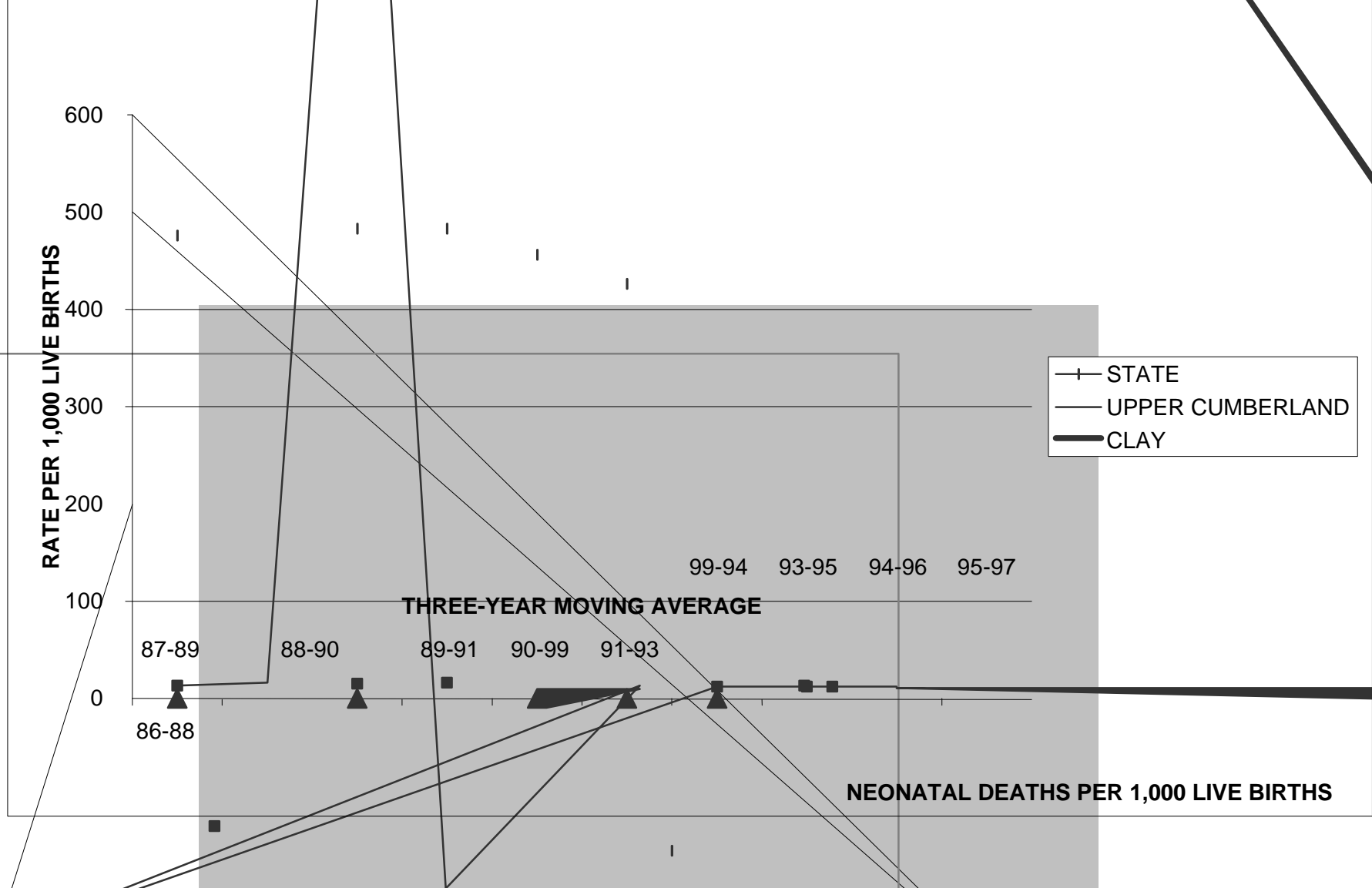
132.6      131.3  
116.5      123.8

4	93-95	94-96	



	85-87	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96
STATE	1.4	1.4	1.5	1.5	1.6	1.6	1.6	1.6	1.6	1.6
UPPER CUMBERLAND CLAY	1.2	1.2	1.2	1	1.1	1.1	1.2	1.3	1.1	1.2

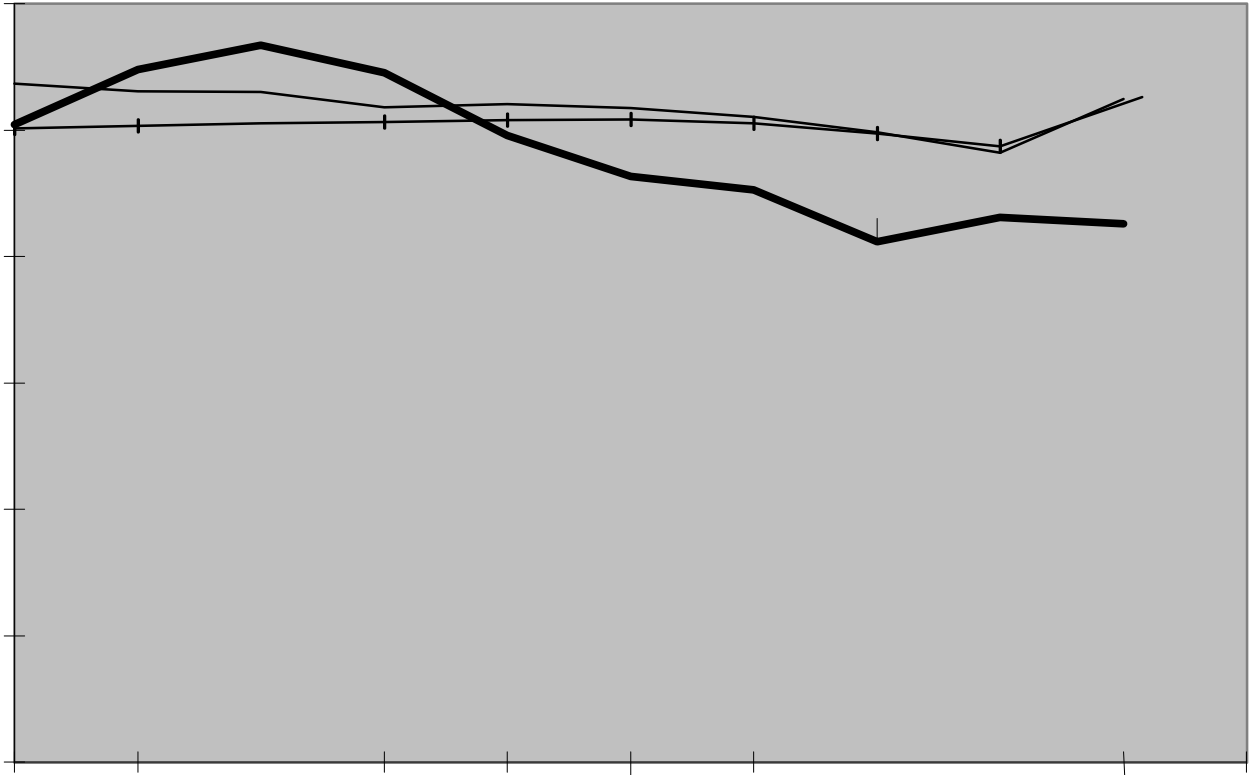
	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96	95-97	
STATE	476	491	483	483	456	426	402	396	391	388	
UPPER CUMBERLAND	13	16	15	16	13	12	12	12	12	14	
CLAY	0	0	0	0	0	0	0	0	1	1	





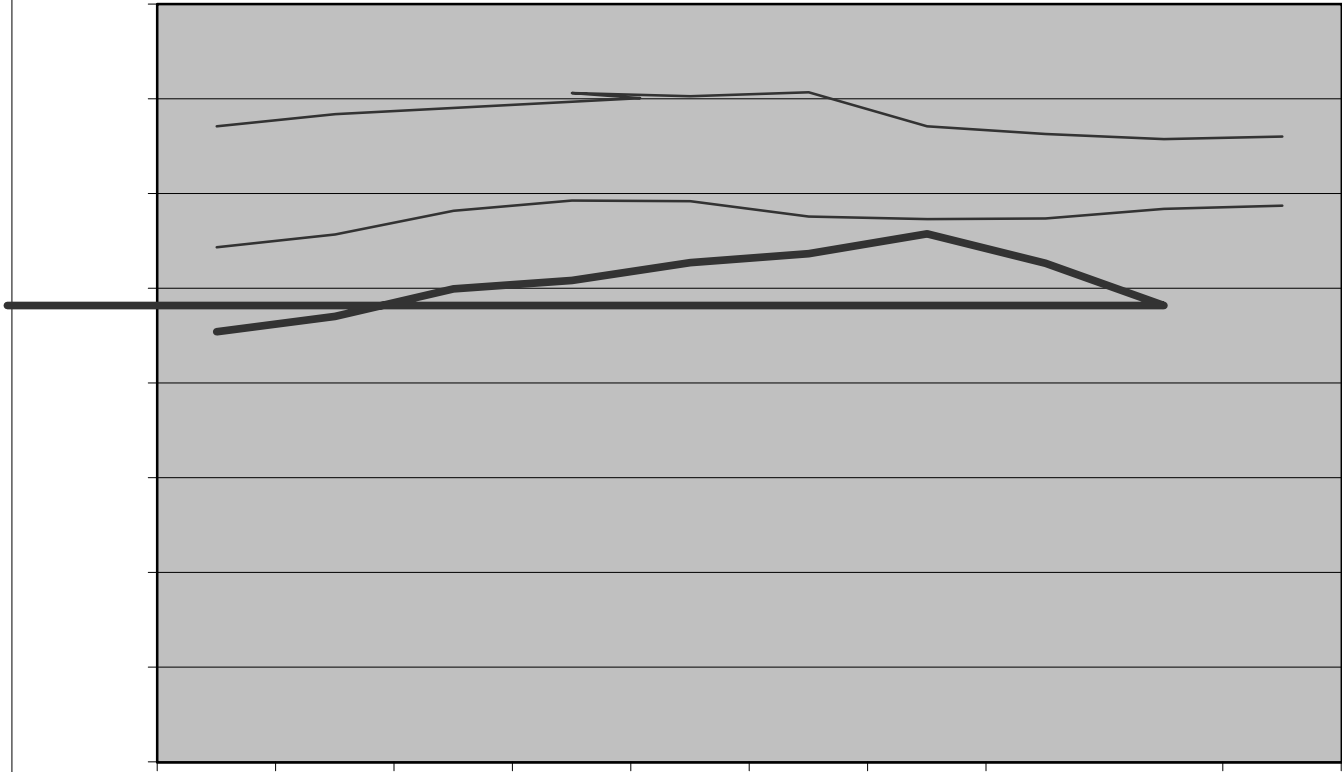


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STATE	50.1	50.3	50.5	50.6	50.8	50.8	50.5	49.7	48.7	52.6	
UPPER CUMBERLAND	53.7	53.1	53.0	51.8	52.0	51.7	51.0	49.8	48.2	52.5	
CLAY	50.4	54.8	56.7	54.5	49.6	46.4	45.3	41.2	43.1	42.6	

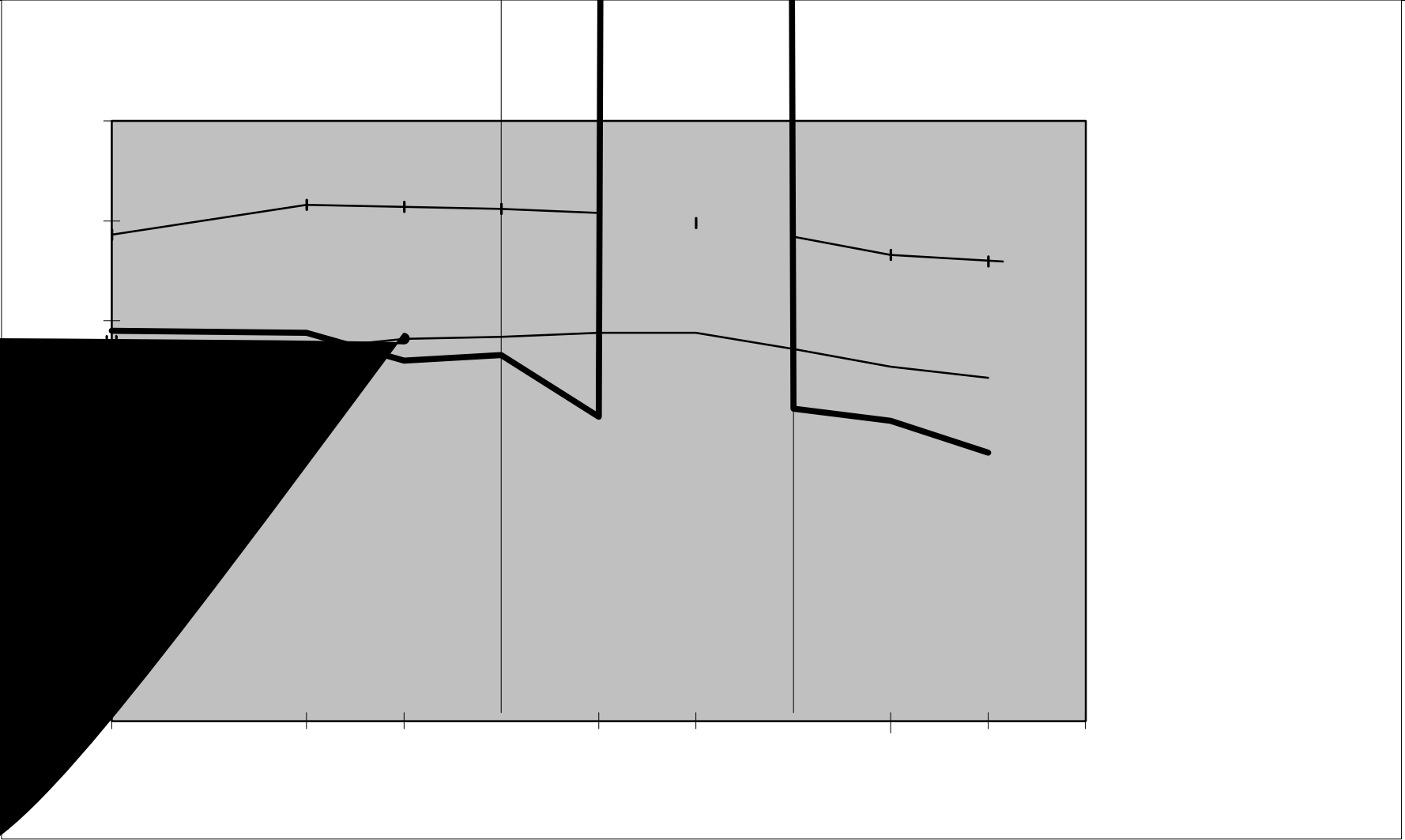


STATE		86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96	95-97
UMBERLAND	6.8		8.1		8.4	8.5	8.7	8.78.8	8.8	8.8	

	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96	95-97	
STATE	67.1	68.4	70.1	70.6	70.3	68.7	67.1	66.3	65.8	66.0	
UPhER CUMBERLAND	54.3	55.6	58.2	59.2	59.2	57.6	57.3	57.4	58.4	58.7	
CLAY	45.4	47.0	50.0	48.8	52.7	53.7	55.7	52.7	48.2	48.2	



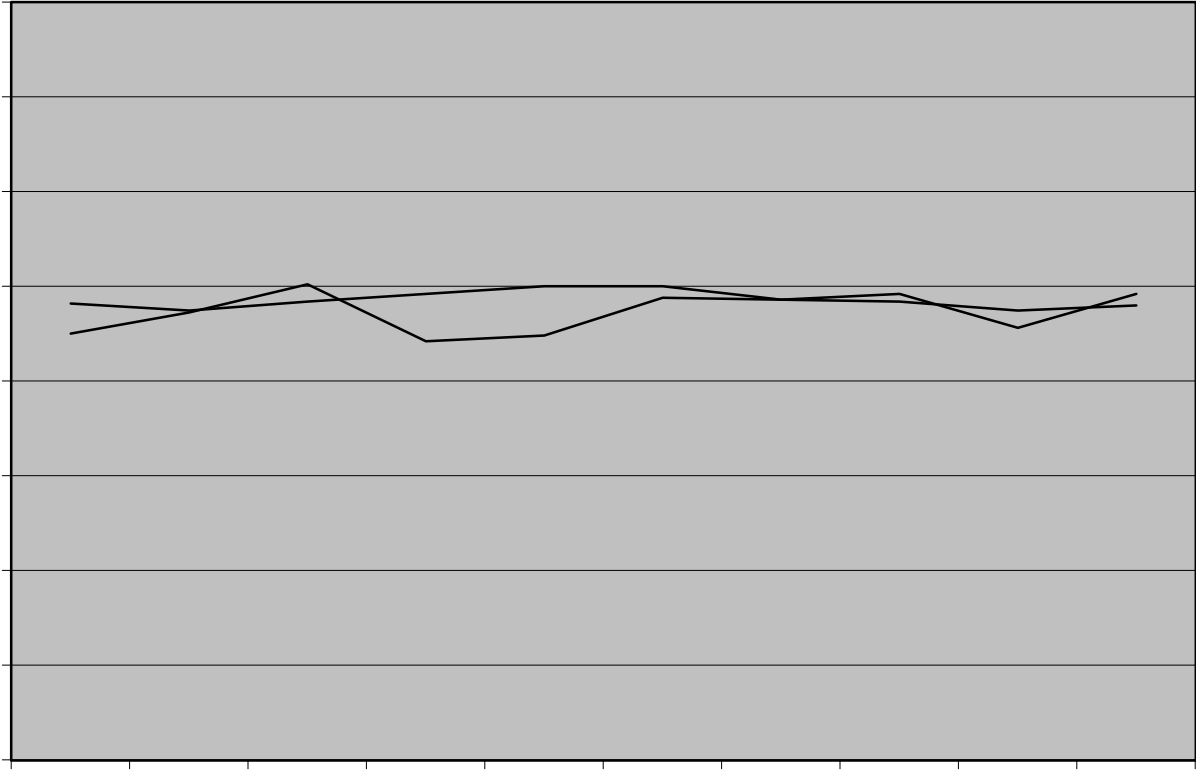
	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	
STATE	24.3	25.2	25.8	25.7	25.6	25.4	24.9	24.2	23.3	23.0	
UPPER CUMBERLAND	18.5	18.7	18.6	19.1	19.2	19.4	19.4	18.6	17.7	17.2	
CLAY	19.5	21.5	19.4	18.0	18.3	15.2	15.4	15.6	15.0	13.4	





[illegible]

	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96	95-97	
STATE	24.1	23.7	24.2	24.6	25.0	25.0	24.3	24.2	23.7	24.0	
UPPER CUMBERLAND	22.5	23.6	25.1	22.1	22.4	24.0	24.3	24.6	22.8	24.6	
CLAY	31.7	18.2	18.3	18.4	18.4	18.4	18.5	18.5	27.6	36.5	





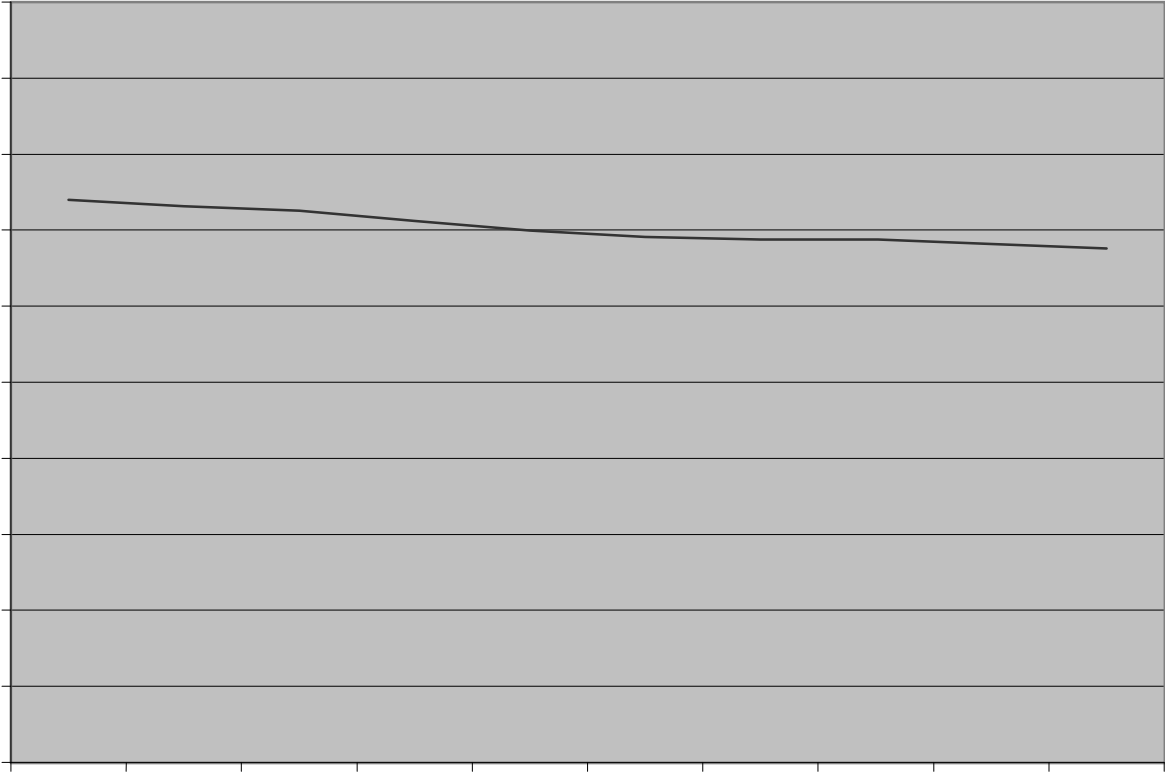
	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96	95-97
STATE	1,068.8	1,063.0	1,056.2	1,046.5	1,034.4	1,040.8	1,054.3	1,079.7	1,080.0	1,085.8
UPPER CUMBERLAND CLAY	817.8	999.0	995.6	1,039.8	878.9	829.4	766.8	699.8	663.0	665.1

	85-87	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96
STATE	72.1	73.3	73.6	73	73.1	73.7	73.4	73.6	73.5	71.2

[illegible]

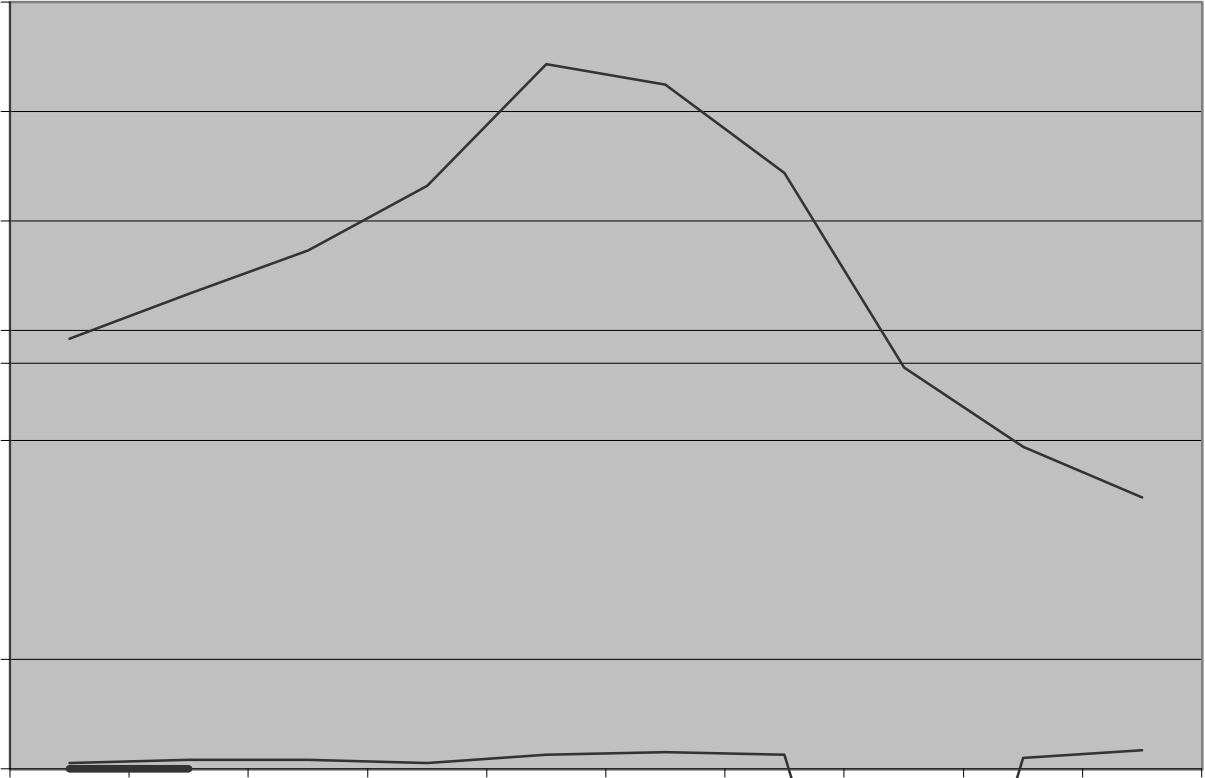
	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96	95-97
STATE	27.0	25.8	25.0	24.0	24.1	23.7	23.9	24.2	24.6	24.2
UPPER CUMBERLAND	33.4	33.9	31.9	33.3	30.6	31.2	29.5	32.1	33.1	33.9
CLAY	22.7	31.9	41.2	59.9	64.6	69.2	46.2	23.1	18.4	18.3

	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96	95-97	
STATE	740.2	731.5	725.3	712.3	699.9	691.0	687.8	690.1	682.1	675.8	
UPhER CUMBERLAND	764.7	769.7	761.9	766.6	749.6	759.0	742.0	747.1	726.0	723.2	
CLAY	784.7	778.9	884.5	863.4	912.6	893.6	855.9	790.8	769.9	798.0	





	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96	95-97	
STATE	19.6	21.7	23.7	26.6	32.2	31.2	27.2	18.3	14.7	12.4	
UPPER CUMBERLAND	0.3	0.4	0.4	0.3	0.7	0.8	0.6	0.4	0.5	0.8	
C.76Y	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	



UPPER CUMBERLAND										1.9
STATE	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96	95-97



	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96	95-97
STATE										9.0
UPhER CUMBERLAND	20.0	18.4	16.5	14.4		12.0	10.8			

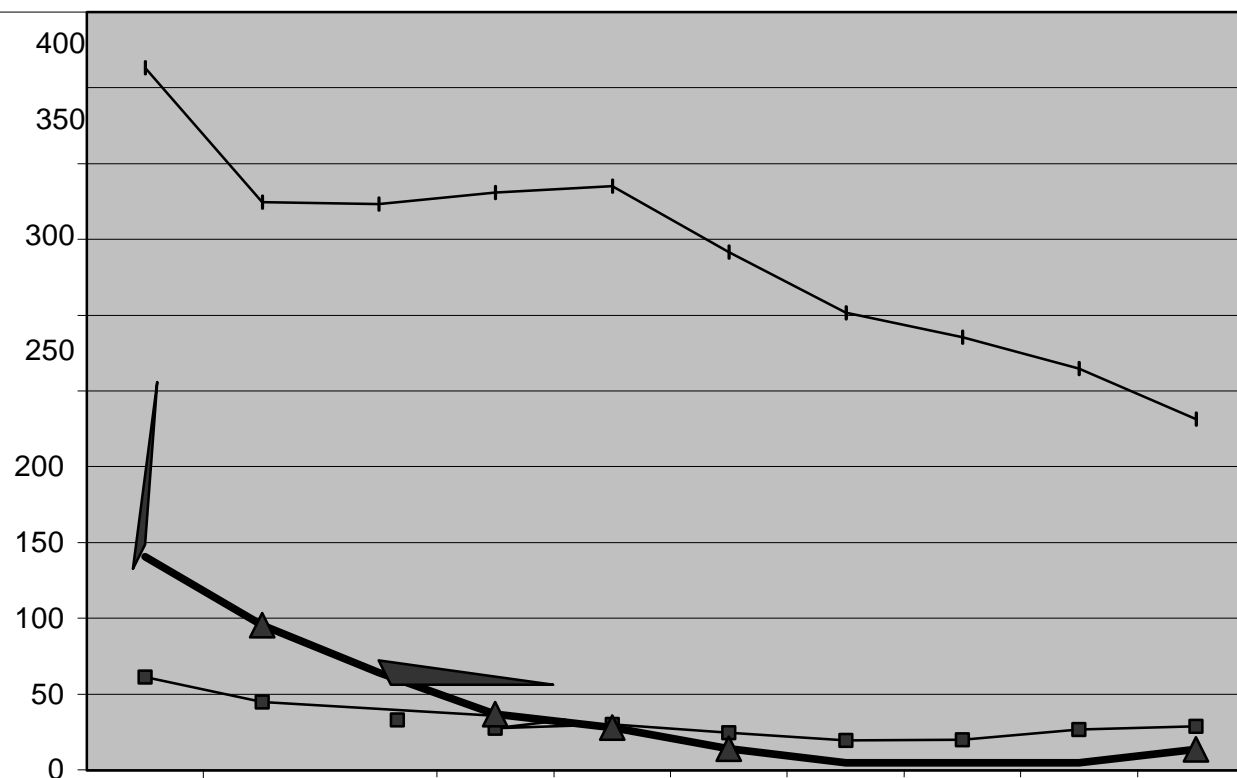
	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96	95-97	
STATE		42.8	58.8	82.3	99.1	109.9	117.7	166.7	211.8	245.0	
UPhER CUMBERLAND		13.6	21.4	27.0	36.4	41.1	48.5	77.9	97.7	106.8	
CLAY		0.0	0.0	9.2	18.4	18.4	18.5	97.0	138.1	150.6	

86-88 87-89 88-90 89-91 90-99 91-93 99-94 93-95 94-96 95-97

# IHjEE-YEAR MOVING AnERAGE

	86-88	87-89	88-90	89-91	90-92	91-93	99-94	93-95	94-96	95-97	
STATE	463.3	374.6	373.3	380.9	385.0	341.5	301.5	285.3	264.7	231.4	
UPPER CUMBERLAND	61.1	44.8	33.1	27.5	30.0	24.6	19.6	19.7	26.5	28.8	
CLAY	140.5	95.7	64.1	36.8	27.7	13.8	4.6	4.6	4.6	13.7	

## GONORRHEA jATES (NUMBER OF jEPORTED CASES PER 100,000 POPULATION)



## Appendix 6

### Verbiage & Internet Address of HIT

Health Information Tennessee Web page created as a partnership between the TN Department of Health and the UTK Community Health Research Group can be located at: [www.server.to/hit](http://www.server.to/hit)